

Case Number:	CM14-0128500		
Date Assigned:	08/15/2014	Date of Injury:	06/02/2009
Decision Date:	10/15/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/11/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 47-year-old female with a 6/2/09 date of injury. At the time (7/10/14) of request for authorization for Continued Chiropractic 8 visits neck and bilateral shoulders and Cognitive Behavioral Therapy, there is documentation of subjective (neck and shoulder pain) and objective (decreased shoulder range of motion with pain, tenderness over the bilateral trapezius and paracervicals, positive Tinel's sign, and positive mild right Spurling's sign) findings, current diagnoses (sprain/strain of the cervical spine and rotator cuff tear), and treatment to date (medications and 8 previous chiropractic treatments). Medical report identifies that previous chiropractic treatments provided greater work tolerance and decreased medications for 1-2 days.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Continued Chiropractic 8 visits Neck and Bilateral Shoulders: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58. Decision based on Non-MTUS Citation MTUS Other Medical Treatment Guideline or Medical Evidence

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies That Manual Therapy/Manipulation is recommended for chronic pain if caused by musculoskeletal conditions, and that the intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. MTUS additionally supports a total of up to 18 visits over 6-8 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of sprain/strain of the cervical spine and rotator cuff tear. In addition, there is documentation of 8 previous chiropractic therapy treatments, functional deficits, and functional goals. Furthermore, given documentation that previous chiropractic treatments provided greater work tolerance and decreased medications for 1-2 days, there is documentation of functional benefit and improvement as a reduction in work restrictions and a reduction in the use of medications as a result of Chiropractic therapy treatments to date. Therefore, based on guidelines and a review of the evidence, the request for Continued Chiropractic 8 visits neck and bilateral shoulders is medically necessary.

Cognitive Behavioral Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines Cognitive Behavioral Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that behavioral interventions are recommended. MTUS Guidelines go on to recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of 6-10 visits over 5-6 weeks (individual sessions). Within the medical information available for review, there is documentation of diagnoses of sprain/strain of the cervical spine and rotator cuff tear. However, there is no documentation of the number of treatments requested. Therefore, based on guidelines and a review of the evidence, the request for Cognitive Behavioral Therapy is not medically necessary.